

UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA		FOR COURT USE ONLY DUE DATE:			
TRANSCRIPT DESIGNATION AND ORDERING FORM					
1. NAME Matthew Hosen		2. PHONE NUMBER 213-443-3164		3. DATE June 30, 2014	
4. FIRM NAME: Quinn Emanuel Urquhart & Sullivan		5. E-MAIL ADDRESS: matthosen@quinnemanuel.com			
6. MAILING ADDRESS 865 South Figueroa Street, 10th Floor		7. CITY Los Angeles		8. STATE CA	9. ZIP CODE 90017
10. CASE NUMBER 2:14-cv-02262-SVW-E		11. CASE NAME NML Capital Ltd. v Space Exploration Technologies Corp. et al.		12. JUDGE Hon. Stephen Wilson	
13. APPEAL CASE NUMBER		14. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> AUSA <input type="checkbox"/> FPD <input checked="" type="checkbox"/> OTHER Motion			
15. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) Attach additional page for designations if necessary.					
HEARING DATE	COURT REPORTER	PROCEEDINGS			
June 30, 2014	Deborah K. Gackle	<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input checked="" type="checkbox"/> (PLEASE SPECIFY): Hearing Transcript re Motions to Dismiss			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
16. ORDER: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FORMAT			
ORDINARY	<input type="checkbox"/>	PAPER COPY	<input type="checkbox"/>		
14 DAYS	<input type="checkbox"/>	PDF FORMAT	<input checked="" type="checkbox"/>		
7 DAYS	<input type="checkbox"/>	ASCII FORMAT	<input type="checkbox"/>		
DAILY	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		
HOURLY	<input type="checkbox"/>	FOR ADDITIONAL COPIES, CONTACT COURT REPORTER OR TRANSCRIPTION AGENCY			
REAL TIME	<input type="checkbox"/>	19. Transcription agency for digitally recorded proceedings:			
(CERTIFICATION 17 & 18) By signing the below, I certify that I will pay all charges (deposit plus additional).		20. Month: _____ Day: _____ Year: _____ Transcript payment arrangements were made with: NAME OF OFFICIAL: _____ Payment of estimated transcript fees were sent on the following date: Month: _____ Day: _____ Year: _____			
17. DATE: June 30, 2014					
18. SIGNATURE: 					